STATE PERSONNEL BOARD OFFICE OF WORKFORCE DEVEOPMENT AGENCY SPONSORED COURSE INSTRUCTOR PAYMENT/AGENCY COST

	INSTRUCTOR I	<u>PAYMENT/AGE</u>	NCY COST			
Training Session:						
Location:						
Date & Time:						
Agency Name & Address:						
Instructor Name & Address:						
Agency Liaison:						
INSTRUCTOR FEE:						
(A maximum of 25 participants; additional	participants at in		tion, and ma	y req	uire additi	onal cost.)
Half-Day Session:		\$300.00				
Day Session:		\$600.00				
Day and a Half Session:		\$900.00				
Two-Day Session:		\$1,200.00				
**TRAVEL COSTS:						
1-4 Hrs. round trip		\$200.00				
Greater than 4, but less than 5 Hrs. round trip		\$300.00				
5-8 Hrs. round trip		\$350.00				
More than 8 hours		\$450.00				
\$100 added to travel for 2-day session		\$100.00				
Travel costs are computed from city to ci *OTHER COSTS (specify):	ty using MapQue	<mark>est mileage</mark> .				
Ginan Good (Gpoolly).						
***ExamplesPre-training consultation, cus Agency assumes responsibility for pro required			rials/supplies	s (ma	arkers, flip	chart pads, handouts), if
TOTALS:		-				
Total instructor fee, travel, and other cost :			Copy to:		Agency	
20% administrative charge of instructor fee					Billing	
TOTAL TO BE BILLED TO AGENCY:					Instructor	
The Sponsoring Agency hereby agrees to e provider with complete information concern deaf, aids for the visually impaired). The Sponsories of the specific content of the speci	ning any and all s	pecial needs (i.	e., handicap _l	ped p	arking and	d access, interpreters for the
Agency Signature				Date		
Instructor Signature						
SPB Signature				Date		